How willing are dentists to treat young children?

A survey of dentists affiliated with Medicaid managed care in New York City, 2010

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The 2000 surgeon general's report, Oral Health in America, sounded a clear warning about the disproportionately heavy burden imposed on certain populations in the United States by inadequate oral health care.[1] Dental caries was reported to be the single most common chronic childhood disease ("five times more common than asthma"), and poor children were twice as likely as more affluent children to experience dental caries and to have untreated oral disease. Findings from studies published within the decade before the surgeon general's report was published showed that deficits in receipt of dental care among young children occurred regardless of their insurance status. In 1996, investigators reported that 79 percent of children younger than 6 years had not been seen by a dentist in the preceding year.[2] The results of a study conducted in 1994 of children enrolled in Medicaid in Iowa showed that receipt of dental care was least likely among the youngest children; 35 percent of 3-year-olds in the program, 13 percent of 2-year-olds and 4 percent of 1-year-olds received an examination from July 1, 1993, to June 30, 1994.[3] The results of a survey of third-grade children in New York State (NYS) conducted between 2002 and 2004 showed a prevalence of dental caries of 54 percent, with an estimated 33 percent of children having untreated caries.[4] A population of 3- to 4-year-olds in

ABSTRACT

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Background. Despite recommendations for children to have a dental visit by the age of 1 year, access to dental care for young children, including children enrolled in Medicaid, remains limited. The authors conducted a survey to assess the availability of dentists to see young children enrolled in Medicaid managed care (MMC) in New York City (NYC), to determine barriers to the provision of dental care to young children and, within the context of MMC, to identify strategies to facilitate the delivery of dental care to children.

Methods. The authors mailed a survey to assess the provision of dental services to young children and perceived barriers and facilitators to 2,311 general dentists (GDs) and 140 pediatric dentists (PDs) affiliated with NYC MMC. A total of 1,127 surveys (46 percent) were received. The authors analyzed the responses according to provider type, youngest aged child seen, provider's ability to see additional children and practice location. The authors compared responses by using the χ^2 test.

Results. Fewer than one-half (47 percent) of GDs saw children aged 0 through 2 years. Provider type, years in practice and percentage of Medicaid-insured patients were associated significantly ($P < .005$) with youngest age of child seen. Among respondents seeing children aged 0 through 2 years, PDs were significantly more likely to provide preventive therapy ($P = .004$) and restorative treatment ($P < .001$). Additional training and access to consulting PDs were identified by GDs as potential facilitators to seeing young children.

Conclusion. A high proportion of NYC GDs affiliated with MMC do not see young children.

Practice Implications. Ninety-four percent of NYC MMC–affiliated dentists are GDs, but 53 percent of GD respondents did not see children aged 0 through 2 years in their practices. Improving access to dental care for young children requires changes in GDs' practices, possibly by means of additional training and access to consulting PDs.

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northern Manhattan, who were enrolled in Head Start or day care programs and received dental services by means of a mobile van between 1995 and 1997, had significantly more decayed teeth and fewer filled teeth than did the total U.S. child population.[5]

Nine years after publication of the surgeon general's report, receipt of preventive care among young children was still far from universal. Levels of dental care among very young children (aged 0-2 years) resembled those documented in the above-mentioned studies. In 2007 and 2008, respectively, nationally only 13 percent of 1- and 2-year-olds enrolled in Medicaid received preventive dental care and only 19 percent received any kind of dental care.[6,7] In 2009 in New York City (NYC), 52 percent of children aged 2 through 18 years who were enrolled in Medicaid managed care (MMC) had visited a dentist in the past year.[8]

Adverse outcomes associated with early childhood caries are described comprehensively in the "morbidity and mortality pyramid" proposed by Casamassimo and colleagues.[9] This pyramid depicts caries-associated adverse outcomes in increasing levels of severity, from days of school missed at the base to caries-associated hospitalizations and emergency department visits to deaths from infections and sedation for caries-associated procedures at the pinnacle. The results of a cohort study of children who were enrolled continuously in Medicaid for their first five years showed that age at first dental visit had a significant influence on cost, with costs increasing each year that preventive care was delayed.[10] Financial and health consequences of insufficient early oral health care are recognized clearly: guidelines from the American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics both say that all children should be taken for their first dental visit within six months after the eruption of the first tooth and no later than 12 months of age.[11,12]

Despite clear recommendations from professional associations, grossly suboptimal levels of preventive dental care among children suggest that the "framework for action" recommended in the surgeon general's report still is incomplete.[1] Oral health is not yet integrated effectively into overall health, barriers exist between people and oral health services, and public-private partnerships have not been engaged adequately to improve the delivery of health care to children who have disproportionate levels of oral disease.[1] Surveys conducted at the national and state levels before and after the publication of the surgeon general's report[1] suggest that reluctance among general dentists (GDs) to serve young children could contribute to deficits in preventive care for this population. The results of a nationwide survey of dental practitioners conducted in 2001 showed that although 91 percent reported that they treated children aged 0 to 14 years, 73 percent reported that they did not treat children aged 6 to 18 months.[13] In surveys of dentists conducted at the state level between 1998 and 2007, investigators documented that the proportion of GDs who treated young children ranged from 34 to 75 percent.[14-18] The persistence of barriers to access to oral health care for vulnerable and underserved populations was the focus of a 2011 Institute of Medicine and National Research Council of the National Academies report.[19] Achievement of national Healthy People 2020 oral health objectives for reducing proportions of children and adolescents with caries experience and untreated dental decay requires a reduction of these barriers.[20]

We conducted a survey to assess the availability of dentists to treat young children enrolled in MMC in NYC, to determine barriers to the provision of dental care to young children and, within the context of MMC, to identify strategies to facilitate the delivery of dental care to children. As 89 percent of people receiving Medicaid in NYC are enrolled in MMC, it is advisable to involve health insurance organizations in developing strategies to increase access to dental care.[21]

METHODS

We conducted a survey as part of a larger quality improvement (QI) project that the NYC Department of Health and Mental Hygiene (DOHMH) implemented in July 2010 in collaboration with insurance plans serving the city's MMC enrollees. Other QI activities undertaken as part of this project included conducting focus groups with pediatricians and obstetricians regarding clinical oral health guidelines, reviewing and updating dental health education materials for medical care providers and MMC plan enrollees and initiating a pilot project with plan-affiliated pediatric practices to increase the

ABBREVIATION KEY. AAPD: American Academy of Pediatric Dentistry. **DOHMH:** Department of Health and Mental Hygiene. **GDs:** General dentists. **IRB:** Institutional Review Board. **MMC:** Medicaid managed care. **NYC:** New York City. **NYS:** New York State. **NYSDOH:** New York State Department of Health. **PDs:** Pediatric dentists. **QI:** Quality improvement.